

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

(b) (6)

4a. Article Number

P 055 800 912

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of delivery

07/02/96

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

(b) (6)

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE: \$300

P 055 800 912



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to	
(b) (6)	
Street and No.	
(b) (6)	
P.O., State and ZIP Code	
(b) (6)	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Print your name, address and ZIP Code here

DON MARKHAM (6SF-PA)  
EPA REGION VI  
1445 ROSS AVE, SUITE 1200  
DALLAS, TX 75202-2733

